

A Brighter Future: They Can Succeed*

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The Joint Commission (2) reports that:

The prevention and treatment of mental retardation on both individual and societal levels rest fundamentally on a fuller understanding of its causes and pathogenesis, on concerned and skilled professional practitioners, and on the commitment of appropriate resources at all levels of government. . . . In the behavioral sciences much has been learned about the impact of environmental deprivation on mental growth and the compensating effects of early stimulation, about methods for promoting language development and reading skills, and about the untapped capacities of many retarded individuals for socially useful living. Perhaps most important of all is the growing recognition that in most forms of retardation, even where a single etiological factor can be isolated, the individual's functional performance is the product of the interaction of his biological makeup and environmental events and can be modified. The potential for behavioral change, sometimes to the point of reversibility, represents one of the most significant concepts in the field to emerge in recent years.

It has also been said by the Joint Commission that:

At a time when education is becoming ever more essential, when failure in school means failure in society we need to examine more closely the ways that failure or success occur. It is no longer enough to teach children a few key skills and a set of static traditions and values. Adaptation in our culture will call for a level of competence never before demanded.

Ever since the development of the Intelligence Quotient as measured in different ways, great controversy has raged about genetic causation for low IQ's. It is frequently stated that an Intelligence Quotient is only a determinant of how the individual is operating at the time it is taken, but I find it almost impossible for this statement to be accepted

by teachers and school systems. Mental retardation is said to make up 3% of our total population, 75% of which is the so called "familial retardation" with no demonstrable organic pathology. The children so labelled and referred to Special Education Classes are commonly known as "the dummies" and carry out the self-fulfilling prophecy of what is expected of them.

In our rural areas of York and Williamsburg-James City Counties, the following are this year's figures. In Special Education at Williamsburg-James City County there are 98 educable and 7 trainable children. In York County there are 58 educable and 12 trainable children. These children have been placed in Special Education based on an IQ test of less than 70. In James City County, they are placed in Special Education, 4 from Head Start, 12 from Pre-School, 23 from Grade 1, 31 from Grade 2, and 22 from Grade 3. In York County, 50 are placed in Special Education in Grade 1, 14 in Grade 2. Thus, in our area, by Grade 3, 156 children are already labelled as failures with a record to which successive teachers and principals will refer.

In our pilot study at Norge School, 26 children, 14 boys and 12 girls, were chosen at random and matched with 26 other children as nearly as possible by race, age, sex, parents or parent, number of siblings, and approximate income. Eight were white and forty-four were black. These children were chosen from Head Start which runs for eight weeks in the summer, and they had not had any prior education. They were to enter first grade in September, 1971, and so were already six or very nearly six. They came from disadvantaged families. When tested in Head Start using 70 IQ as the cut-off below which they would ordinarily need

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TABLE I
SPECIAL EDUCATION

YORK COUNTY	.9%
TOTAL NUMBER OF CHILDREN	80
ENTERED IN GRADE 1	50
ENTERED IN GRADE 2	14
WILLIAMSBURG-JAMES CITY COUNTY	2.3%
TOTAL NUMBER OF CHILDREN	105
ATTENDING HEAD START AND PRE-SCHOOL	16
ENTERED IN GRADE 1	23
ENTERED IN GRADE 2	31
ENTERED IN GRADE 3	22

referral to Special Education, 4 boys and 4 girls of the original 26 children qualified for Special Education based on their Intelligence Quotient. The school was not aware of these Intelligence Quotients, and all of the 26 children were placed with five teachers in the regular first-grade classes. Using the testing on all 52 children, the 26 chosen at random and the 26 matched to them, 15 would have belonged in Special Education on entering first grade—already failures.

Mrs. Merriman, a diagnostic prescriptive teacher, worked with the 26 children at Norge School one, two, or three times a week for a half to three-quarters of an hour, taking them from their regular classes, and working also with their teachers. Her report of these 26 children selected at random reads as follows:

Academically, in September, these first graders were limited in proficiency to such skills as recognizing their name when it was written, and counting aloud from 1 to 10. Six students were able to print their own names, using either paper and pencil or board and chalk. Two of the 26 children could recite the entire alphabet, but only one could recognize the written letters he had recited. None of the children could read any of the words found on the Dolch Reading List.

Although as many as half the students were able to count aloud from 1 to 10 in September, only 6 of them could recognize the numbers when flashed out of sequence; and only 4 of them could reproduce the numbers with pencil and paper. Their understanding of directions was limited to one-step commands, and even these required repetition.

Socially and emotionally, in learning, working, and playing situations, all but four children functioned in a very immature self-centered manner. They were unable to

sit in a group and listen for longer than 5 minutes, they were unable to concentrate on a task assigned to them in a group, and they were unable to cooperate in group play by taking turns or sharing. Seven children exhibited aggressive group behavior, making their own rules, fighting for turns and toys, and often taking things they wanted from other children. Six students showed extreme passive group behavior, withdrawing to a corner or simply sitting and watching things happen around them and to them.

While most of the children could communicate verbally with each other, most were reticent about talking before a group or to adults. Two of the students were totally non-verbal at the start.

During the past school year, Mrs. Merriman has worked with these children, one at a time at first, later in small groups as a diagnostic prescriptive teacher. Now, in May, all except one have IQ's above 70. Of the 26 children without benefit of the diagnostic prescriptive teacher who were chosen to match this group, 5 remain in the Special Education range. Let me quote the end of the March report from Mrs. Merriman:

Academically, at this time, all 26 children can recognize and print their full names. All but one of the children can recite the alphabet, all but five can recognize, recall, and reproduce all letters. With the exception of six children, the students now have a reading vocabulary of from 8 to 30 words, most of which are found on the Dolch Reading List.

All but 2 children can count to 50 and all but 4 can recognize, recall, and write the numbers 0 to 50. Twenty of the 26 have moved into addition and subtraction skills, and all of them understand such mathematical concepts as sets, grouping, ordering, greater and less than, and so forth.

Judging by student performance, they all understand and can carry out four and five-step directional commands—most often by hearing the command once.

Socially and emotionally, the children have matured at a very accelerated pace. They are all more group-oriented than they were in September, as well as more self-assured. The seven "aggressive" children since September have developed enough self-control to rechannel their aggressiveness. No one of the 26 students behaves in a withdrawn or passive way now, and their self-concept has taken a more positive direction. The students' communication skills and social presence among peers and adults have increased and matured, and we have no non-verbal children.

Dr. Seymour Lustman (3), in an article on cultural deprivation, said in 1970:

It is my impression that the development of impulse control is one of those key developmental syntheses which signifies the presence of a host of other psychic functions necessary to permit school learning. Psychoanalytic learning theory does not concern itself directly with the development of intelligence or those aspects of human thought subsumed under cognitive development. However, its concepts of primary and secondary process are important devel-

TABLE II

INTELLIGENCE QUOTIENTS

NO DIAGNOSTIC PRESCRIPTIVE TEACHER

AUGUST 1971	MAY 1972
54	66
61	66
68	76
63	65
54	60
55	60
65	76

DIAGNOSTIC PRESCRIPTIVE TEACHER

AUGUST 1971	MAY 1972
55	71
69	86
60	71
62	79
68	76
65	83
62	68
68	100

the children moved on to verbally sequencing events, describing pictures, recalling events, and relating feelings. In four cases, home contact was called for, and visits were made in an attempt to involve the parents in their child's school life.

Mrs. Merriman does not include her own warmth, imagination, originality, and involvement that have come out in our regular conferences. For example, she tells me three boys came in "through a magic door" to her room to learn. One boy, putting on his head a hat that resembled a horse, used his hands as blinders to help him learn to direct and focus his attention on his reading. A little girl had breakfast daily with Mrs. Merriman, and one boy could only come if his control had been acceptable the previous day. Mrs. Merriman has expectations of a potential in every child, and these children knew this. In the past, because of the expectations stimulated by labelling disadvantaged children as "hopeless," one seldom saw this process reversed.

Recently, I have had a most delightful example of what a teacher's expectations can do. A young, not-yet-certified teacher, has taken the 12 trainable children in York County whose IQ's are below 55, and because she did not expect them to fail, has taught them all to read with the use of phonics. As with Mrs. Merriman, this teacher's expectations were high, though naïve, and the results are amazing.

Not all of the 26 children will be doing second-grade work next year. However, in a system which allows for individual progress, they are not failures, and one hopes a second year with help will continue the process of emotional and scholastic growth. Take Ricky who, even though he is at times distractable and has trouble with temper control, is rated as very good on social confidence and self-confidence by his teacher, with an IQ change of 60 to 71. Kathy has raised her IQ from 62 to 79. She shows average attention span, ability to follow instructions, social and self-confidence and is rated good on her ability to play with others. She still is not ready for second-grade work.

From York County comes a different approach to "familial retardation" and one that I am very eager to see extended. The York County Volunteer Association carries out a three-times-a-week Parent-Child Center for disadvantaged families aimed at educating and enriching the parents—mostly mothers and grandmothers—and placing the children, from birth to kindergarten, in age-appropriate nursery school activities.

In our research, we tested all 16 children

opmental modes of thinking as well as feeling and behaving. Such a theory would follow a schema from direct and immediate gratification to controlled, delayed, directed, and even symbolic gratification. Sublimation is of great importance. It would developmentally relate frustration or the absence of gratification to the learning of differentiation. Mastery in repetitious play and subsequent fantasy is of crucial learning importance to this age group. This kind of learning process occurs only within the framework of incredibly intense human relationships.

We may hypothesize that prolonged and intense object ties with one's teacher may act as inducer and organizer of psychic function.

What are Mrs. Merriman's ways of relating to each child? She states the techniques employed were:

All 26 first graders came to the diagnostic prescriptive teacher's office, one at a time, once a week in the beginning of the school year. By November, when a rapport had been established, they began coming in groups of 2, 3, and 4 with a structured program of academic and social successes planned. The academic concentration, for the most part, was on verbal, sensory-motor, and perceptual-motor skills. Such activities as body-awareness exercises, left-right orientation games, eye-hand coordination exercises, and discriminatory listening games were planned and carried out in the office. Many of these techniques were passed on to the teachers, to pursue on their own. From the limited beginnings of verbally answering yes and no, calling colors, sizes and placement of objects in the room,

entering first grade in York County with at least one year at the Parent-Child Center and one year of half-time kindergarten which York County has. All 16 entered regular classes, though one child with brain damage would qualify for Special Education from his IQ. One in 16 is a very different number from 15 out of 52. The York County Volunteer Parent-Child Center expects these children to develop normally despite poverty and serious emotional problems in some homes. No child who has been at the Center has ever been in the slowest kindergarten group, though recently one has been excluded from kindergarten for some aggressive behavior. The Center's expectations take the form of early stimulation three days a week at school plus a wide range of enrichment for the mothers.

From the Report of the President's Task Force on the Mentally Handicapped (1) comes the statement, "The years from birth to five, sometimes referred to as 'the lost years' because so little attention has been paid to them, are the period during which the pattern of later life is laid down. And this is the period in which preventive intervention has its highest potential."

In our overall testing, these children from very disadvantaged homes had developed confidence, ability to communicate and to delay gratification which allowed for the process of cognitive learning to take place. George Pope, York County Superintendent, has told me that teachers can identify children who have been to the Center by their appropriately mature behavior. And, as I have stated, there are no failures in this group.

In conclusion, I would like to make four recommendations:

1. The diagnosis of mental retardation and assignment to Special Education Classes should not be based on IQ measurements alone and especially not in the first four grades.
2. Early stimulation and education especially of high-risk children can be demonstrably preventive of cultural retardation, even more so if parents are also involved.
3. An intimate, consistent, frequent relationship with a diagnostic prescriptive teacher

in the earliest grades can reverse the process of non-involvement in learning, can help with impulse control, and offer confidence to children who have not had such a relationship. I, who am not a teacher, feel that teachers need more education in the varieties of ways to relate to children with a respect which sees more of the positives than of the negatives, and feels free to help the child attain successes at whatever stage he is. It is only through this that we can tap the richness and originality inherent in every individual.

4. Finally, if the fragmented services of Health, Education, and Welfare could be united and the workers dynamically oriented, prevention of large numbers of so-called retarded children would result, I am sure.

Education cannot be carried out when it is addressed only to the rational, intellectual side of the child. Integrated learning which is lasting and usable to a child must be addressed to his emotional and social needs as well as his intellectual and rational ones. If learning is to promote creativity, flexibility, resourcefulness and individuality it must be carried out in such a way that the child has access to the rich world of his feelings and total life experience. Further, it is impossible to overlook the fact that the child brings his whole life to school with him. (4)

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